

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

81525452

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17	/		/				67						
18		/		/			68						
19		/		/			69						
20		/		/			70						
21		/		/			71						
22		/		/			72						
23	/		/				73						
24		/		/			74						
25		/		/			75						
26		/		/			76						
27		/		/			77						
28		/		/			78						
29	/		/				79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	30	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	34						TOTAL CLAIMS						